FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Miller Derek						2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]								Checl	all app Direc	ship of Reportir applicable) irector fficer (give title		10% O	
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 04/27/2022								X				below)	Specify
(Street) THOUS OAKS	AND CA	9	1320		4. If A	Amend	ment,	Date o	of Original Filed (Month/Day/Year)					i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or E	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					4 and Se Be Ow		Amount of curities neficially vned Following ported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	Price	,	Transa	nsaction(s) str. 3 and 4)			(11150: 4)
Common Stock 04/27/20					2022				F		273	D	\$24	9.87	7 5,243(1)(2)			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ve Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)			saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amount or Number of Title Shares		t r		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Amgen Inc. 2009 Equity Incentive Plan: 283 RSUs which vest in installments of 139 on 5/3/2022 and 144 on 5/3/2023; 401 RSUs which vest in two installments of 132 on 5/5/2022 and on einstallment of 137 on 5/5/2024; 392 RSUs which vest in two installments of 129 on 4/30/2023 and on 4/30/2024; and 134 on 4/30/2025; and 350 RSUs which vest in two installments of 175 on 11/5/2022 and 11/5/2023. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one
- 2. These shares include 71 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional share amount.

/s/ Derek Miller

04/27/2022

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.